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SB 89

IFC

INTERNATIONAL FORMULA COUNCIL

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ORAL TESTIMONY OF
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BEFORE THE COMMITTEE ON EDUCATION
MONTANA STATE HOUSE OF REPRESENTATIVES

REGARDING S. 89
AN ACT REQUIRING BREAK TIME AND PRIVACY FOR NEEDS OF BREASTFEEDING MOTHERS IN STATE AND COUNTY GOVERNMENTS, MUNICIPALITIES, SCHOOL DISTRICTS, AND THE UNIVERSITY SYSTEM; AND PROVIDING THAT IT IS DISCRIMINATION TO REFUSE TO HIRE, EMPLOY, BAR, OR DISCHARGE FROM EMPLOYMENT AN EMPLOYEE WHO EXPRESSES BREAST MILK OR TO DISCRIMINATE IN TERMS, CONDITIONS, OR PRIVILEGES OF EMPLOYMENT.

MARCH 19, 2007

My name is Mardi Mountford and I am the Executive Vice President of the International Formula Council (IFC). The IFC is an association of manufacturers and marketers of formulated nutrition products, e.g., infant formulas and adult nutritionals, whose members are predominantly based in North America.* On behalf of the IFC, I thank you for the opportunity to appear today. We applaud Montana's efforts to better meet the needs of breastfeeding mothers in the workplace and offer our support for the substantive provisions of Senate Bill 89. As an industry, we promote breastfeeding as the first choice for infant feeding. We also believe that ensuring optimal infant nutrition is a shared responsibility. Government, the healthcare industry, the nonprofit and advocacy communities, and the private sector all have important roles to play in this effort and should work together. At the same time, information on infant feeding should be complete and balanced. In this regard, we have some specific suggestions to improve the accuracy of certain language in the bill's preamble.

The IFC and its members fully support breastfeeding and the American Academy of Pediatrics' position that breastfeeding is best, and that it offers specific child and maternal benefits.[i] Currently, there are many barriers to breastfeeding, including lack of proper accommodations, facilities, and encouragement, in the workplace, which prevent mothers from continuing to exclusively breastfeeding their infant. According to a recent

* IFC members are Abbott's Ross Products Division; Mead Johnson Nutritionals; Nestlé Nutrition – USA; Solus Products; and Wyeth Nutrition.

survey of mothers, nearly 40 percent who decided not to exclusively breastfeed did so for reasons they felt were beyond their control to change, such as medical and health reasons, returning to work or school shortly after giving birth, not producing enough breast milk and feeling that the baby was not getting enough milk.[ii] Senate Bill 89 appropriately addresses some of the workplace barriers to breastfeeding.

We concur there is some evidence that breastfeeding is associated with a reduction in common acute childhood illnesses. However, it is not scientifically correct to conclude that lack of breastfeeding plays a causative role in the development of chronic diseases such as childhood leukemia and diabetes. Such language in the preamble of Senate Bill 89 (lines 12-14) is not scientifically accurate. Similar claims have been made elsewhere and continued publication of these claims is perpetuating the dissemination of inaccurate information regarding the benefits of breastfeeding, and by implication, the risks of formula feeding. Again, we agree breastfeeding is best and passage of this bill will positively promote and encourage expanded rates of breastfeeding. However, some of the language in the preamble should be deleted or revised to accurately represent the currently available scientific data on the benefits associated with breastfeeding.

A 2006 review by CATO Research, an independent research organization of physicians and Ph.D.-level scientists, of the available scientific literature regarding health disparities between breastfed infants and non-breastfed infants found support for the benefits of breast milk, especially regarding the possible effects in reducing the incidence of acute pediatric infections (e.g., diarrhea, respiratory or ear infections).[iii] However, for chronic illnesses such as cardiovascular disease, diabetes and obesity, environmental and genetic factors play a significant role in disease development. Additionally it should be recognized that studies showing differences in health outcomes between breastfed and non-breastfed infants have an inherent selection bias, as subjects are not randomly assigned to feeding groups.[iv] The decision to breastfeed is associated with other lifestyle variables that may themselves influence disease risk.

Claims regarding potential detrimental health effects due to the absence of breast milk (and, by implication, the use of infant formula) are likely to cause unjustified worry among mothers who may need to formula-feed their infants. A mother's decision about how to feed her baby is a personal one and is influenced by many factors, including her personal support system, her access to lactation information and services, her return to the work place, her work place support, the need for childcare, and the type of childcare used. Moreover, breastfeeding is not an option for all women or all infants. Maternal health conditions, such as human immunodeficiency virus infection, as well as infant health conditions, such as inherited metabolic disorders, can preclude a woman from breastfeeding her infant.[i] Parents should be aware that if the decision is made not to breastfeed for whatever reason, iron-fortified infant formula is the safest, most nutritious and only recommended alternative.[i]

Finally, the statement in the preamble of Senate Bill 89 that, "a minimum $3.6 billion is spent each year to treat diseases and conditions that are preventable by breastfeeding" deserves further comment. This conclusion was originally drawn by Jon Weimer US Department of Agriculture in the report *The Economic Benefits of Breastfeeding: A Review and Analysis*. This conclusion is not well supported and should be deleted from the bill's preamble.[v] Mr. Weimer's conclusion is based on incidence rates from published studies used to estimate the reduction in the number of cases of three of the most common infant illnesses – otitis media, gastroenteritis, and necrotizing enterocolitis

[NEC] – that could be expected for varying incidences of breastfeeding. However, there are several problems with Mr. Weimer's analysis. First, the "current" breastfeeding rates Weimer used in his calculations were not exclusive breastfeeding rates. Rather, the current breastfeeding rates cited included "all infants fed human milk or a combination of human milk and formula or cow's milk (i.e., any breastfeeding)." Second, the definition for recommended breastfeeding rates was "exclusive use of human milk or the use of human milk with a supplemental bottle of formula." In using these different definitions, Weimer failed to accurately represent the number of cases that could be expected based on the prevalence of *exclusive* breastfeeding. Third, the method of infant feeding is often not clearly segmented in clinical research and frequently confounds results. In the CATO review discussed earlier, it was noted that "both breastfed and non-breastfed infants were reported to receive additional forms of nutrition, such as formula, cereal, cows milk, water, or juices, and the timing of introduction of these additional forms of nutrition frequently was not clearly delineated. Consequently, it is difficult to combine or interpret data across studies and drawing definitive conclusions from such studies is difficult at best."

Weimer states approximately $3.1of the $3.6 billion in savings would be "attributable to preventing premature deaths [from NEC]." Premature infants are extremely vulnerable to infection as well as to complications related to immature organ function. Feeding needs vary from infant to infant and often specialized feedings are required in addition to breast milk to meet their nutritional needs. Suggesting that the absence of human milk and, by implication, the use of infant formula, is responsible for diseases with multiple known causes is inaccurate and does not allow for other recognized factors known to contribute to disease progression in these infants, such as the presence of an already weakened immune system. Infant formulas in this instance are very important, as they offer health care professionals the opportunity and flexibility to provide specialized nutrition to improve the growth and nutritional status of premature infants.

Further, Weimer focused on a select body of published work for his calculations. Numerous confounding variables were ignored, which prevent an accurate, homogeneous cross section of infants from being represented in this analysis. These deficiencies severely limit the practical applicability of this study. For example, the CATO review documented that participation in daycare is a far more powerful predictor of the risk of developing an ear infection than the presence or absence of exclusive breastfeeding. Further, geographical, socioeconomic, health, and employment factors contribute to a mother's desire to breastfeed, a mother's ability to breastfeed, and an infant's ability to be breastfed, and Weimer's analysis overlooked these individual, personal circumstances.

Lastly, Weimer claims savings would result from increased breastfeeding and thus decreased spending on infant formula. However, this claim must be considered in the context of real-life economic trade-offs, as some families must make a very important choice between a mother staying home (which may foster breastfeeding but results in a loss of income) versus returning to work (which may negatively impact breastfeeding due to workplace conditions yet enable a contribution to the family's total income). We understand that Representative Williams and other sponsors of this bill intend to remove a significant impediment to families who currently must make this trade-off.

SUMMARY:

On behalf of the International Formula Council, we believe Senate Bill 89 is meaningful legislation that will encourage more working mothers to breastfeed for extended durations. We fully support its substantive provisions. We appreciate the opportunity to testify today, and we thank the Committee for considering our suggestions for improving the accuracy of the preamble language of Senate Bill 89.

REFERENCES:

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[iv] Evenhouse, E., Reilly, S. Improved Estimates of the Benefits of Breastfeeding Using Sibling Comparisons to Reduce Selection Bias. *Health Services Research, 40:6, Patr I (December 2005)*. p. 1781-1802.

[v] Weimer, Jon. The Economic Benefits of Breastfeeding: A Review and Analysis. Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture. Food Assistance and Nutrition Research; Report No.13; March 2000.